RECEIVED CENTRAL FAX CENTER

DEC 1 1 2006

FAX TRANSMISSION
DATE: December 11, 2006
PTO IDENTIFIER: Application Number 09/683,828
Patent Number
Inventor: Victor T. GOGALAK et al.
MESSAGE TO: US Patent and Trademark Office
FAX NUMBER: (571) 273-8300
FROM: MORRISON & FOERSTER LLP
Brian N. Fletcher
PHONE: (703) 760-7796
Attorney Dkt. #: 597932000320
PAGES (Including Cover Sheet):3
CONTENTS: Certificate of Transmission (1 page) Power of Attorney and Correspondence Address Indication Form (1 page)
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 760-7796 and send the original transmission to us by return mail at the address below.
This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this

MORRISON & FOERSTER LLP

transmission by someone other than the intended addressee or its designated

1650 Tysons Blvd, Suite 300, McLean, Virginia 22102 Telephone: (703) 760-7700 Facsimile: (703) 760-7777

agent is strictly prohibited.

PTO/SB:97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM8 control number.

Application No. (if known): 09/683,828

Attorney Docket No.: 597932000320

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 11, 2006

Date

Wendy D. Rodriguez

Typed or printed name of person signing Certificate

N/A (703) 760-7752

Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Power of Attorney and Correspondence Address Indication Form (1 page)

2003/003

DEC 1 1 2006

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Re	duction Act of 1995, no pe	rsons are require	ed to respo	and to a collection of	of information unle	ss it displa	ays a valid OMB control numb	
			Application Number			09/683,828		
			Filing	Filing Date		February 20, 2002		
POWER OF ATTORNEY			First N	Named Invento	r Victor V	Victor V. GOGLAK		
	and							
CORRESPONDENCE ADDRESS			Title	PROCES	SSING DRUG	ING DRUG DATA		
INDICATION FORM		Art Unit 2171						
			Exami	Examiner Name Not Yet Ass				
			Attorn	Attorney Docket No. 597932000320				
I hereby revoke	all previous powers	of attorney	given i	n the above-id	entified appli	ication.		
I hereby appoint	:							
x Practitioners associated with the Customer Number: 25227								
OR Practitione	r(s) named below:							
Na	Name		n Na		Name		Registration Number	
1 1								
,								
	or specific to propos	uto the applic	ation ide	antified above s	and to transact	all husir	ness in the United States	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change the correspondence address for the above-identified application to:								
X The address associated with the above-mentioned Customer Number:								
OR								
X The address	associated with Co	mber:	nber: 25227					
OR								
X Firm or	Morrison & Foer	ster LLP						
* Individual Name								
Address	pd 2	.:L. 200						
	son Boulevard, Su		" Ix	//		Zip	22102	
City McLean Country USA		State Teleph		/A 703-760-770	10	Fax	703-760-7777	
		Letebu	ione [100-100-110	,	1. 45	, , , , , , , , , , , , , , , , , , , ,	
I am the:								
x Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record								
				or Assigned 0	Date		1/12/1-	
Signature Victor Gogolak							702 250 5004	
14ame					Telephone		703-356-5864	
Title and Company Chief Executive Officer DrugLogic, Inc.								
NOTE: Signatures of all t			f the enti	re interest or the	ir representativ	e(s) are r	equired. Submit multiple	
forms if more than one si	gnature is required, see	below*.						
*Total of	1 form	s are submitte	ed.					